



EJVES Extra Abstracts[☆]

Hybrid (Open and Endovascular) Repair of Distal Extra-cranial Internal Carotid Artery Aneurysm

E. Wong^a, W.-L. Chue^{a,b}

^a Vascular Surgery Unit, Frankston Hospital, Peninsula Health, Victoria, Australia

^b Beleura Private Hospital, Mornington, Victoria, Australia

This paper describes a hybrid repair of a distal extra-cranial internal carotid artery aneurysm involving open surgical transposition of the internal carotid artery followed by endovascular stent graft repair of the aneurysm. This procedure is most useful in cases with challenging anatomy to enable repair of the internal carotid artery aneurysm with minimal morbidity to the patient.

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A Rare Case of Aortic Dissection and Primary Hyperaldosteronism

K.L. Harvey^a, C.V. Riga^a, M. O'Connor^a, M.S. Hamady^a, N. Chapman^b, R.G.J. Gibbs^a

^a Regional Vascular Unit, St Mary's Hospital, Imperial College London, UK

^b Department of Cardiology and Clinical Pharmacology, St Mary's Hospital, Imperial College London, UK

Introduction: Rare case of a 39-year-old presenting with the triad of aortic dissection, hypertension and aldosterone-secreting adrenal tumour.

Report: We discuss his management, in the acute setting and long term.

Discussion: Hyperaldosteronism is increasingly recognised as a secondary cause of hypertension and is associated with higher cardiovascular complication rates than would be expected due to hypertension alone. We discuss management of a young hypertensive patient presenting with acute aortic dissection as implemented at a tertiary referral centre for Vascular Surgery. We consider the possibility that hyperaldosteronism may represent a risk factor for aortic dissection independent of elevated blood pressure.

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EVAR Technical Tip – Confirmation of Contralateral Limb Gate Cannulation Using a Moulding Balloon

W.R.W. Wilson^a, G.L. Benveniste^b

^a Department of Vascular Surgery, 4th Floor, West Block, Queen's Medical Centre, Derby Rd, Nottingham NG7 2UH, United Kingdom

^b Ashford Hospital, Adelaide, South Australia, Australia

Introduction: Accurate confirmation of cannulation of the shorter contralateral limb gate of an abdominal aortic endograft can be challenging. Catheter angiogram may not exclude all possible errors.

Report: Accurate contralateral cannulation can be confirmed by insertion of a moulding balloon over a stiff wire and gentle inflation of the moulding balloon across the contralateral gate of the main body component.

Discussion: The technique of using a moulding balloon to confirm accurate cannulation of the contralateral gate is a good method of eliminating doubt whilst maintaining a stable wire and catheter position.

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